

Division of Consumer Affairs'
New Jersey Board of Nursing
124 Halsey Street, 6th Floor, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430
www.njconsumeraffairs.gov/nur/Pages/default.aspx

Reactivation Applicant Checklist - Certified Homemaker-Home Health Aide

Please place a check mark next to each category, sign and date this checklist when submitting with your application.

Name of Applicant:
Review instruction sheet
Application for Reactivation. Answer all questions where indicated. (pages 2, 3)
Notarized Affidavit (page 4)
Affidavit for Employer Verification (page 5)
Employment Certification for the Reactivation of an Inactive Certification (pages 6, 7)
All required fees are included along with a check or money order only (page 8)
ALL QUESTIONS MUST BE FILLED IN WITH THE APPROPRIATE ANSWER OR THE LETTERS N/A (NOT APPLICABLE). DO NOT LEAVE ANY BLANK ANSWERS OR YOUR APPLICATION WILL BE RETURNED.
I have completed all of the above items.
Signature
Date



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Instructions for Reactivation of an Inactive Certified Homemaker-Home Health Aide Certification

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reactivated, provided that the applicant otherwise qualifies for licensure, registration or certification, and complies with the provisions of N.J.S.A. 45:1-7.2 a, b, c and d. The necessary licensure reactivation application and materials may be downloaded from the Board of Nursing's website and include the following. Note: If your certification has been inactive for more than two (2) years, a reinstatement application must be utilized.

1. Reactivation Application:

Complete the enclosed application, attach a current passport photograph to the application, have the application notarized, and return it to the address indicated below.

New Jersey Board of Nursing P.O. Box 45010 Newark, NJ 07101 Attach a clear, full-face passportstyle photograph (2"x 2") of your head and shoulders, taken within the past six months, with your name printed on the back of the photo.

A photo is required with each application.

Do not use staples to attach the photo.



New Jersey Office of the Attorney General

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Application for Reactivation of a New Jersey Homemaker-Home Health Aide Certificate

You may not practice in the State of New Jersey until your Homemaker-Home Health Aide Certificate has been Reactivated.

Please print in black or blue ink only. This application must be completed, notarized and returned to the New Jersey Board of Nursing with your reactivation fee payable by check or money order. **The certification fee is refundable.** Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Complete the following information:

Full Name	
Address	
City, State, ZIP	
Telephone number(s)	(Cell Phone)
Date of Birth/	
E-mail address	
Social Security Number	
You must provide your Social Security number to the Board or Committee licensure or certification.	e. Failure to do so will result in denial/nonrenewal of
*Social Security Number:	
*Pursuant to N.I.S. A. 54·50-24 et seg, of the New Jersey taxation law	N I S A 2A:17-56 44e of the New Jersey Child

- *Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:
- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

Citizenship / Immigration Status

	Federal law limits the issuance or renewal of professional or occupational license. To comply with this federal law, check the appropriate box below which indicates a U.S. citizen, attach a copy of your alien registration card (front and back) or Citizenship and Immigration Services (USCIS).	s your citize	enship/ii	mmigr	ation st	atus. If	you are no
	 □ U.S. citizen □ Alien lawfully admitted for permanent residence in U.S. □ Other immigration status 						
	Questions about your immigration status and whether or not it is a qualifying USCIS at: 1-800-375-5283.	status und	er feder	al law	should	be dire	ected to the
Stu	udent Loan						
	Are you in default in regard to any student loan obligation(s)?				Yes	□ N	0
	If "Yes," you must obtain documentary evidence that you have reache entity that issued your student loan, for the eventual repayment of license or certificate unless you provide the required documents concerning	the loan.	You v	vill no	ot be a	able to	obtain a
Ch	nild Support						
	Please certify, under penalty of perjury, the following:						
	a. Do you currently have a child-support obligation?				Yes		No
	(1) If "Yes," are you in arrears in payment of said obligation?				Yes		No
	(2) If "Yes," does the arrearage match or exceed the total amount pay	able for th	e past s	ix mo	nths?		
					Yes		No
	b. Have you failed to provide any court-ordered health insurance coverage	ge during t	the past	six m	onths?		
					Yes		No
	c. Have you failed to respond to a subpoena relating to either a paternity	or child-s	upport	procee	ding?		
					Yes		No
	d. Are you the subject of a child-support-related arrest warrant?				Yes		No
	In accordance with <u>N.J.S.A.</u> 2A:17-56.44d, an answer of "Yes" to any of the of licensure or certification. Furthermore, any false certification of the about limited to, immediate revocation or suspension of licensure or certification.	ove may sı					
	Applicant's name (please print) Applicant's si	ignature				Date	e
	ease answer ALL of the questions below as they apply to the period of time since you last applied for reinstatement.	since you v	vere las	st certi	fied or	for the	e period of
1.	Have you been convicted of a crime?		Yes		No		
2.	Are there any criminal charges against you now pending? (Parking or speeding violations do not require you to answer "Yes," but all other motor vehicle offenses must be disclosed.)		Yes		No		
3.	Has your professional license been revoked or suspended (whether active <u>or</u> stayed) by any licensing board?		Yes		No		
4.	Is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any state licensing board?		Yes		No		

AFFIDAVIT

	Date	Signature
This affidavit is to be executed by the application	ant before a notary public:	
State of:)	
State of:	ss.	
certification or licensure under the provisions of Board of Nursing, swear (or affirm) that I am t is true to the best of my knowledge and belief	of Title 45 of the General Stat the applicant and that all infor . I understand that any omissi	pplication to the New Jersey Board of Nursing for tutes of New Jersey and the Rules of the New Jersey rmation provided in connection with this application ions, inaccuracies or failure to make full disclosure newal of or suspend or revoke a certificate or licens
I further swear (or affirm) that I have read N.J.	1 0	er with the Rules and Regulations of the New Jerse rtification or licensure from the Board, I bind mysel
		nt and past employment and other activities for th
governmental agencies and instrumentalities (lo		authorize all institutions, employers, agencies and a to release any information, files or records requeste
governmental agencies and instrumentalities (lo	ocal, state, federal or foreign)	1 ,
governmental agencies and instrumentalities (leby the Board. Sworn and subscribed to before me this day of	ocal, state, federal or foreign)	to release any information, files or records requeste
governmental agencies and instrumentalities (leaby the Board. Sworn and subscribed to before me this,,	ocal, state, federal or foreign)	to release any information, files or records requeste

AFFIDAVIT FOR EMPLOYER VERIFICATION

This affidavit is to be executed by the prospective employer before a notary public:

Signature of Notary Public

State of:	$\left.\right\}_{ss.}$			
I verify that the applicant named in the prapplicant's recertification.	eceding affida	vit will be emplo	oyed by the agency indicated belo	w upon the
	Name of agency	or health care service firm		
Street address	City	State	ZIP code County	
Name of Prospective Employer (please print)		Sign	nature of Prospective Employer or Human Resource Repres	entative
Date				
Sworn and subscribed to before me this			Affix Seal Here	
day of,	Year			
Name of Notary Public (please print)				

My Commission Expires



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Employment Certification for the Reactivation of a Inactive Certification

Directions: Please complete this certification. Have it notarized and return it to the New Jersey Board of Nursing. If you have had more than two employers, please add additional sheets of paper with the employment data. The Board may contact your employer(s) to verify your employment.

First name	e Middle name Last name		name Maide	
Present Street Address	City	State		ZIP Code
C.H.H.A. Certificate No	·			
imployment Data: (For th	e past five (5) years in N	ew Jersey or in	any oth	er jurisdiction
	Name of employing ager	ncy or facility		
	Street addres	s		
City	State		ZIP Co	de
Job Title		Employment Dates:	From	То
Supervisor's name	. Tit.	le.	Telepho	ne No. (include area code

2	Name of employing agency or facility	у
	Street address	
City	State	ZIP Code
Job Title	Emplo	pyment Dates: From To
Supervisor's name	Title	Telephone No. (include area code
II of the information contained here nowledge and beliefs.	in is provided completely	•
		Signature of applicant
Sworn and subscribed to before me	this	
day of,	Year	Affix Seal Here
		Anna Scar Here
Name of Notary Public (please print)		ATTIA SCALLICE



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Homemaker-Home Health Aide Reactivation Application Fee Schedule

	Total	_	\$ 50.00
(2)	Reactivation Fee	-	\$ 20.00
(1)	Payment of Biennial License Renewal Fee	-	\$ 30.00